



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/994,573	
	Filing Date	November 26, 2001	
	First Named Inventor	Eiko SEKI	
	Art Unit	1653	
	Examiner Name	H. Robinson	
Total Number of Pages in This Submission	47	Attorney Docket Number	251002009400

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page plus duplicate for fee processing)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply (13 pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (1 page)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Declaration (3 pages)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Exhibit 1 (8 pages)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	Exhibit 2 (14 pages)
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		Exhibit 3 (2 pages)
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		Exhibit 4 (2 pages)
		Return Receipt Postcard
Remarks		
CUSTOMER NO. 25225		

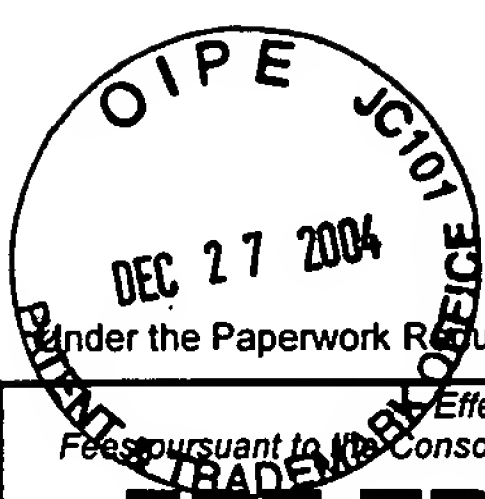
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Kate H. Murashige		
Date	December 22, 2004	Reg. No.	29,959

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 22, 2004

Signature:

(Judy Cale)



FEE TRANSMITTAL for FY 2005		Complete if Known																																																											
		Application Number	09/994.573																																																										
		Filing Date	November 26, 2001																																																										
		First Named Inventor	Eiko SEKI																																																										
		Examiner Name	H. Robinson																																																										
		Art Unit	1653																																																										
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	251002009400																																																										
TOTAL AMOUNT OF PAYMENT		(\$)	120																																																										
METHOD OF PAYMENT (check all that apply)																																																													
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																																													
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17																																																													
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																																																													
FEE CALCULATION																																																													
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																													
<table border="1"><thead><tr><th rowspan="2">Application Type</th><th colspan="2">FILING FEES</th><th colspan="2">SEARCH FEES</th><th colspan="2">EXAMINATION FEES</th><th rowspan="2">Fees Paid (\$)</th></tr><tr><th>FEE (\$)</th><th>Small Entity Fee (\$)</th><th>Fee(\$)</th><th>Small Entity Fee (\$)</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Utility</td><td>300</td><td>150</td><td>500</td><td>250</td><td>200</td><td>100</td><td></td></tr><tr><td>Design</td><td>200</td><td>100</td><td>100</td><td>50</td><td>130</td><td>65</td><td></td></tr><tr><td>Plant</td><td>200</td><td>100</td><td>300</td><td>150</td><td>160</td><td>80</td><td></td></tr><tr><td>Reissue</td><td>300</td><td>150</td><td>500</td><td>250</td><td>600</td><td>300</td><td></td></tr><tr><td>Provisional</td><td>200</td><td>100</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></tr></tbody></table>								Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	FEE (\$)	Small Entity Fee (\$)	Fee(\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	500	250	200	100		Design	200	100	100	50	130	65		Plant	200	100	300	150	160	80		Reissue	300	150	500	250	600	300		Provisional	200	100	0	0	0	0	
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)																																																						
	FEE (\$)	Small Entity Fee (\$)	Fee(\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)																																																							
Utility	300	150	500	250	200	100																																																							
Design	200	100	100	50	130	65																																																							
Plant	200	100	300	150	160	80																																																							
Reissue	300	150	500	250	600	300																																																							
Provisional	200	100	0	0	0	0																																																							
2. EXCESS CLAIM FEES																																																													
<table border="1"><thead><tr><th colspan="2">Fee Description</th><th>Fee(\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td colspan="2">Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent</td><td>50</td><td>25</td></tr><tr><td colspan="2">Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent</td><td>200</td><td>100</td></tr><tr><td colspan="2">Multiple dependent claims</td><td>360</td><td>180</td></tr></tbody></table>								Fee Description		Fee(\$)	Small Entity Fee (\$)	Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent		50	25	Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent		200	100	Multiple dependent claims		360	180																																						
Fee Description		Fee(\$)	Small Entity Fee (\$)																																																										
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent		50	25																																																										
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent		200	100																																																										
Multiple dependent claims		360	180																																																										
<table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee (\$)</th><th>Fee Paid (\$)</th><th>Multiple Dependent Claims</th><th>Fee (\$)</th><th>Fee Paid (\$)</th></tr></thead><tbody><tr><td>18</td><td>-20</td><td>0</td><td>x 50 = 0</td><td></td><td></td><td></td></tr></tbody></table>								Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	18	-20	0	x 50 = 0																																											
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)																																																							
18	-20	0	x 50 = 0																																																										
HP + highest number of total claims paid for, if greater than 20																																																													
<table border="1"><thead><tr><th>Indep. Claims</th><th>Extra Claims</th><th>Fee (\$)</th><th>Fee Paid (\$)</th></tr></thead><tbody><tr><td>5</td><td>- 6 (HP)</td><td>0</td><td>x 200 = 0</td></tr></tbody></table>								Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	5	- 6 (HP)	0	x 200 = 0																																														
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																																																										
5	- 6 (HP)	0	x 200 = 0																																																										
HP + highest number of independent claims paid for, if greater than 3																																																													
3. APPLICATION SIZE FEE																																																													
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or reaction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																													
<table border="1"><thead><tr><th>Total Sheets</th><th>Extra Sheets</th><th>Number of each additional 50 or fraction thereof</th><th>Fee (\$)</th><th>Fee Paid (\$)</th></tr></thead><tbody><tr><td>- 100 =</td><td>/ 50 =</td><td>(round up to a whole number) x</td><td></td><td></td></tr></tbody></table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	- 100 =	/ 50 =	(round up to a whole number) x																																														
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																																																									
- 100 =	/ 50 =	(round up to a whole number) x																																																											
4. OTHER FEE(S)																																																													
Non-English Specification, \$130 fee (no small entity discount)																																																													
Other: Petition for one (1) month extension of time to respond to Office Action \$120																																																													
SUBMITTED BY																																																													
Signature			Registration No. (Attorney/Agent)	29,959	Telephone	(858) 720-5112																																																							
Name (Print/Type)	Kate H. Murashige				Date	Dec. 22, 2004																																																							